

MENTOR ACTIVITY REPORT

MENTOR NAME: _____ PHONE: _____ STUDENT: _____

INSTRUCTIONS: Please complete this Activity Report within ten working days and return to _____ . This information will be used to monitor mentor-mentee relationships, provide assistance and plan program activities. If you have any questions please call _____ .

Issues of a confidential nature should not be addressed on this form. Please contact the Program Manager or Coordinator at _____ for information and/or assistance.

Number of Phone Contacts: (High School Mentors Only) Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____

Number of Personal Contacts: (All Mentors) Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____

Total number of hours spent this month on mentoring activities. _____

1. Please describe any activities you and your mentee have been involved in this month (i.e.; school projects, tutoring, field trips, college preparation, job and school shadowing, home visits, parent conferences, social activities, goal setting, etc.).

2. Please describe any significant accomplishments made by your mentee this month (i.e.; improved grades, school attendance, time management skills, improved attitude, self-esteem and confidence. Increased communication with adults and/or willingness to accept responsibility, new experiences and challenges.).

3. Please describe any issues, problems or questions you would like assistance with (communicating with your mentee, tutoring strategies, confronting negative behaviors, assistance with career development, building self-confidence.).

4. Please provide any additional comments or suggestions.
